

FARBER & CO.
ATTORNEYS, P.C.

*Please Direct All Correspondence to
333 Hegenberger Road, Suite 504
Oakland, CA 94621*

December 10, 2019

Via United States Mail and Facsimile
(415) 278-9744

Mr. James J. Goines
Colantoni Collins San Francisco
201 Spear St Ste 1100
San Francisco, CA 94105

Re: Jonathan Shockley v. Cardionet LLC
WCAB ADJ12031731
DOI CT 06/25/2018 - 02/15/2019
Claim No. 7173815490

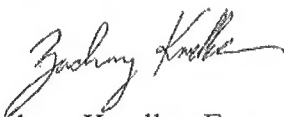
Dear Mr. Goines:

Enclosed for your review is the cover letter we intend to send to Dr. Adam J. Stoller on 12/30/2019, absent your objection. Please look carefully at the enclosed information. It may be used by the QME as it relates to my client's workers' compensation claim. If you have a valid objection preventing the doctor to see this information, you must let me know within ten days.

If you have no objections and are agreeable to waiving LC 4062.3(b), please contact our office so that our correspondence can be sent sooner.

Thank you for your attention to this matter and we anticipate your response

Very truly yours,
FARBER & COMPANY ATTORNEYS, P.C.


Zachary Kwell, Esq.
ZK/mg

Enclosure: Proposed Cover Letter to Dr. Stoller

FARBER & CO.
ATTORNEYS, P.C.

*Please Direct All Correspondence to
333 Hegenberger Road, Suite 504
Oakland, CA 94621*

December 10, 2019

Via United States Mail

Dr. Adam J. Stoller
490 Post Street, Suite 900
San Francisco, CA 94102

Re: Jonathan Shockley v. Cardionet LLC
WCAB ADJ12031731
DOI CT 06/25/2018 - 02/15/2019
Claim No. 7173815490

Dear Mr. Stoller:

My office represents the applicant. Thank you for participation in your capacity as the QME in the field of pain medicine.

The applicant, Jonathan Shockley, is a 41-year old EKG Tech, who was employed by Cardionet LLC at the time of his accepted cumulative injury, which occurred 06/25/2018 - 02/15/2019 due to repetitive duties. He filed the following claim:

- ACCEPTED – CT – Bilateral carpal tunnel

He is having bilateral hand pain, right greater than left, and occasionally radiates up the upper extremities to the neck.

Originally, he was seen by Dr. O'Lang, who declared him permanent and stationary.

However, he is now treating Dr. Jamasbi, who has opined Applicant is not at MMI and additional treatment is required. Dr. Jamasbi also notes he is only able to perform 1 hour of repetitive work in an 8-hour day.

- Please confirm that Applicant is not MMI. Please explain why you agree or disagree with Dr. O'Lang's MMI determination in terms of reasonable medical probability.
 - Please consider that Dr. Jamasbi does not find Applicant MMI, that he needs continued acupuncture and potential functional restoration program.
- Please confirm whether Applicant requires diagnostic studies, such as MRIs of the right or left hand or wrist, or EMG/NCV studies of the bilateral upper extremities.

The defendants have forwarded medical records for your review. Please notify the parties if you require any additional information such as reports, diagnostics, job function analysis, etc. Once you have reviewed the medical record and obtained a thorough history from the Applicant, please issue a comprehensive report addressing the issues below. Please note, the WCAB will require that your reports be substantial evidence. In turn, this means that you must prove not only your **findings**, but also your **reasoning** in reaching those findings, and even one step further – the **basis** for your findings reasoning. These three steps (the reasoning, the findings, and the basis) are critical in having your report be held as substantial evidence.

1. Please advise whether the applicant sustained a cumulative injury arising out of and during the course of their employment at Cardionet LLC.
2. If you find evidence of any industrial causation/injury, please be specific about the body part(s) injured, the extent of injury and be sure to indicate the mechanics of injury.
3. If you find evidence of any industrial causation/injury, please indicate whether the applicant has been temporarily disabled as a result. If so, please identify the exact time period(s) of any temporary disability, and whether that disability is total or partial. If applicable, please also discuss the date(s) of injury to which each period of temporary disability should be attributed.
4. If you find evidence of any industrial causation/injury, please comment on whether the applicant's condition(s) have reached maximum medical improvement ("MMI") as of the present. If yes, please indicate when he became MMI for each date of injury. If applicant is not MMI, please indicate why he is not, and when you expect him to be so. Please specifically state any treatment necessary to bring the applicant to MMI status.
5. If you find evidence of any industrial causation/injury, please indicate if any permanent impairment exists utilizing the applicable factors of disability pursuant to the American Medical Association Guides to the Evaluation of Permanent Impairment (5th Edition). Note that the case of *Almaraz/Guzman* allows you to determine a whole person impairment using clinical judgment and experience if the reasoning is supported within the "four corners" of the AMA Guides. The Court in *Guzman* indicates that where the AMA Guides do not accurately reflect the level of impairment in a case, a physician can draw analogies to other chapters of the AMA Guides and further is allowed to draw on clinical judgment to evaluate the numerous factors relating to an individuals' impairment. In other words, you may use any chart or table in the Guides to define any impairment within your specialty arising out and occurring in the course of employment.
6. If you find evidence of any industrial causation/injury, please comment on whether there is any apportionment. If apportionment exists, please provide an analysis pursuant to Labor Code 4663, which states apportionment of permanent disability shall be based on causation, and Labor Code 4664 which states the employer shall be liable for the percentage of permanent disability directly caused by the injury arising out of and occurring in the course of employment.

7. Please be advised that if you find that the applicant sustained successive injuries, a Benson analysis will be required. Pursuant to Benson, in cases with successive injuries, Labor Code § 4663 requires a reporting physician to determine all causative sources of the employee's permanent disability, giving consideration not only to the current industrial injury but also to any prior or subsequent industrial and non-industrial injuries or conditions. Maximum medical improvement dates for all dates of injury are required as well as apportioning the applicant's overall impairment to same.
8. If you find evidence of any industrial causation/injury, please discuss the reasonableness and necessity of the past medical treatment provided to the applicant regarding any industrial injury. If you find evidence of any industrial causation/injury please also specifically address the reasonableness and necessity of that treatment in reference to the American College of Occupational and Environmental Medicine Occupational Medicine Practice Guidelines, Second Edition ("ACOEM Guidelines") and Medical Treatment Utilization Schedule (MTUS), or if the ACOEM Guidelines are inapplicable, to any evidence based medical treatment guidelines generally recognized by the national medical community that are scientifically based. Should you opine that a variance from the ACOEM Guidelines or other appropriate guidelines was reasonably required to cure or relieve the employee from the effects of their injury, please specifically state the basis for that opinion. Should you rely on guidelines other than the ACOEM Guidelines, please specifically identify the guidelines upon which you rely in determining the reasonableness and necessity of the applicant's medical treatment.
9. If you find evidence of any industrial causation/injury, please discuss the applicant's need for future medical care with regard to any industrial injury. Please specifically address that need, if any, in reference to the ACOEM or other evidence based medical treatment guidelines generally recognized by the national medical community that are scientifically based. Please specifically identify the guidelines upon which you rely in determining the reasonableness and necessity of the applicant's future medical treatment. Should you opine that a variance from the ACOEM Guidelines and MTUS or other appropriate guidelines was reasonably required to cure or relieve the employee from the effects of their injury, please specifically state the basis for that opinion.
10. For purposes of assisting the parties in determining whether the applicant can return to their usual and customary duties, or whether modified or alternative work can be provided, if appropriate, please discuss any necessary work restrictions, and whether those restrictions are temporary or permanent.
11. Please also indicate whether you believe the applicant is a Qualified Injured Worker. To that end, please state the specific basis of your opinion.
12. Lastly, if you believe that there are issues which are outside the scope of your specialty, please so advise. If so, please indicate whether the applicant should be evaluated by another QME and which specialty that QME should be.

Thank you for your participation as the QME in this matter.

Very truly yours,
FARBER & COMPANY ATTORNEYS, P.C.

A handwritten signature in black ink, appearing to read "Zachary Kweiler". The signature is fluid and cursive, with the first name "Zachary" being more prominent than the last name "Kweiler".

Zachary Kweiler, Esq.
ZK/mg

FARBER & CO.

ATTORNEYS, P.C.

Medical Index

Dr. Babak Jamasbi

10/21/2019

11/22/2019



Pain & Rehabilitative
CONSULTANTS MEDICAL GROUP

BABAK J JAMASBI, MD, FACPM
Board Certified Pain Medicine& Anesthesiology, QME

BRENDAN P MORLEY, MD, FACPM
Board Certified Pain Medicine& Anesthesiology, QME

TIMOTHY S LO, MD, MPH
Board Certified in Neurology, Pain Medicine, Medical
Acupuncture, QME, Electrodiagnostic Medicine

ARZHANG ZERESHKI, MD
Board Certified in Pain Medicine, Physical Medicine &
Rehabilitation, QME

NEIL KAMDAR, MD
Board Certified Pain Medicine& Anesthesiology

JOHN ALCHEMY, MD, DABFP, QME
Board Certified in Family Medicine

CALLUM EASTWOOD, PSY.D.
Senior Director of Behavioral Medicine

MARIEL BARCEBAL, PSY.D.
Clinical Psychologist

GABRIELLE REIMAN, PSY.D.
Clinical Psychologist

KATHERINE KIMSEY, MFT, EdD
Clinical Psychologist

MARK PHILLIPS, PA
Physician Assistant

SUSIE PAIK, PA-C
Physician Assistant

DONNY CHO, PA-C
Physician Assistant

JULIA FELLOWS, PA-C
Physician Assistant

THRISHA KASHINATH, PA-C
Physician Assistant

ROBERT ESTIS, PA
Physician Assistant

JESSICA AIKIN, PA-C
Physician Assistant

MARIA CUTLER, DC
Chiropractor

Reply To:

EMERYVILLE OFFICE

1335 STANFORD AVENUE

EMERYVILLE, CA 94608

(P) 510-647-5101 -- (F) 510-647-5105

Other Offices:

CASTRO VALLEY

SAN FRANCISCO

WALNUT CREEK

ROHNERT PARK

MANTECA

INITIAL EVALUATION

RE: Shockley, Jonathan

DOB: 09/27/1978

DOI: 02/15/19

EMPLOYER: Biotelemetry, Inc.

INSURANCE: Chubb

CL#: 040519008736

DATE OF SERVICE: 10/21/19

INTRODUCTION

I have evaluated Mr. Shockley in my Emeryville office on 10/21/19 in consultation. After reviewing his records I have accepted him as a patient. The patient has also selected me to be his primary treating physician.

HISTORY OF PRESENT ILLNESS

The patient is a 41-year-old right-handed man who was injured during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hand. He has to click frequently. He started developing pain in his right hand and switched to the left. His left developed pain problems. He initially had pain around the wrist area. The pain has gradually traveled up the arm towards the neck. He also has occasional hand pain.

CURRENT COMPLAINTS

The pain is constant at low level, exacerbated by hand activity. The pain wakes him up at night. When he does not do anything, his hand does not hurt. The pain increases with activity, especially computer work, cellphone use, and writing. Inactivity, Advil, deep massage makes the pain better.

He denies any numbness and tingling.

ACTIVITIES OF DAILY LIVING

He is uncomfortable looking after himself performing self-care activities and is slow and careful in doing so. He can lift and carry heavy objects, but gets extra discomfort in doing so. He is able to walk the same distance as before his injury. He can do heavy activity for at least 2 minutes. He can climb 1 flight of stairs without difficulty. He can sit for 30 minutes to 1 hour without difficulty. He can sit for 2 hours without difficulty. He can stand or walk for 2 hours without difficulty. He has some difficulty reaching and grasping things at eye level. He

INITIAL EVALUATION

RE: Shockley, Jonathan

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has some difficulty reaching and grasping things overhead. He has some difficulty with pushing or pulling activities. He has a lot of difficulty gripping, grasping, holding and manipulating objects using his hands. He has a lot of difficulty with repetitive motions such as typing on a computer. He has a lot of difficulty with forceful activities using his hands. He can kneel, bend or squat without difficulty. His sleep is moderately disturbed 2 to 3 hours nightly since his injury. His sexual activity is a little less frequent because of his injury. At this moment, his pain is moderate. His pain is moderate most of the time. His pain interferes with his ability to travel and engage in social activities some of the time. His pain interferes with his ability to engage in recreational activities most of the time. His pain interferes with his ability to concentrate and think some of the time. He has moderate depression or anxiety from his injury and discomfort most of the time.

REVIEW OF SYMPTOMS

Patient states they are currently experiencing:

Patient states they are **not** currently experiencing:

Pain in neck
Anxiety

Chills
Fever
Night sweats
Severe fatigue
Dizziness
Headaches
Wears Contacts
Wears glasses
Blurry vision
Double vision
Lumps in neck
Difficulty breathing
Cough
Coughing up blood
Wheezing
Difficulty breathing lying flat
Fainting
Abnormal heartbeat
Chest pain
Constipation
Heartburn
Nausea

Abdominal pain
Black tarry stools
Throwing up blood
Urinary incontinence
Blood in urine
Difficulty urinating
Painful urination
Itching of skin
Rash
Yellowing of skin
Balance problems
Poor concentration
Memory loss
Numbness
Seizures
Tremors
Weakness
Excessive bleeding
Blood clots
Depression
Hallucinations
Suicidal thoughts

PAST MEDICAL HISTORY

1. Bronchitis 2 years ago.
2. Eczema.
3. He had an episode of epilepsy and took Tegretol at age 10 or 11.

INITIAL EVALUATION

RE: Shockley, Jonathan

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4. History of anxiety. He was taking Hydroxyzine but now does not take medication and just meditates.

PAST SURGICAL HISTORY

1. Adenoidectomy in 1987.
2. Lasik surgery in 2000.
3. Sympathectomy in 2000.
4. Right big toe bone spur removal in 2000.
5. Right Achilles tendon debridement in 2002.
6. Right Achilles tendon debridement in 2003.

FAMILY HISTORY

Patient does not have a family history of drug addiction.

Patient has a family history of chronic pain.

PSYCH/SOCIAL HISTORY

The patient does not smoke cigarettes.

The patient does not drink alcoholic beverages.

The patient does not use illicit drugs.

The patient is not married.

The patient has a significant other.

The patient has no children.

Patient does not have a family history of childhood abuse.

Patient does not have a family history of sexual abuse.

Epworth Scale is 0. The patient goes to bed, falls asleep and wakes up at variable times. The patient feels he gets adequate rest.

PSYCHOLOGICAL TESTING

The patient was administered psychological testing (PHQ-SADS). This test is a screening test for anxiety, depression and the impact of somatic symptoms. The purpose of the test is to screen patients for psychological aspect of chronic pain to help the clinician incorporate additional

INITIAL EVALUATION

RE: Shockley, Jonathan

DATE OF SERVICE: 10/21/19

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adjunctive treatment. Provision of adjunctive psychotherapy can have a significant impact on efficacy of medical treatment.

SOMATIC (PHQ-15)

The patient has a somatic (PHQ-15) score of 5, which indicates he is mildly bothered by somatic issues.

ANXIETY (GAD-7)

The patient's anxiety (GAD-7) score is 5, which indicates he is experiencing mild anxiety.

PANIC ATTACKS

He does not experience panic attacks.

DEPRESSION (PHQ-9)

The patient's depression (PHQ-9) score is 1, which indicates he is experiencing minimal depression.

FUNCTIONAL DIFFICULTIES

The patient's functional difficulties are 4, which indicate his functions are extremely difficult.

The purpose of the psychological testing is to determine if there are any psychological factors that will affect the patient's progress with medical treatment. The testing is also used to determine whether the patient needs a formal psychological evaluation or any psychological treatment as an adjunct to the medical treatment.

Based on my clinical assessment of the patient and the psychological testing, I believe that this patient would be a candidate for an initial evaluation at a CARF-certified functional restoration program once the patient has exhausted medical and surgical treatment.

OPIOID RISK TOOL

Family History of Substance Abuse	√	Score for Female	Score for Male
Alcohol		1	3
Illegal Drugs		2	3
Prescription Drugs		4	4

Personal History of Substance Abuse	√	Score for Female	Score for Male
Alcohol		3	3
Illegal Drugs		4	4
Prescription Drugs		5	5

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Age (Mark if 16-45)	√	<i>Score for Female</i>	<i>Score for Male</i>
	√	1	1
History of Preadolescent Sexual Abuse	√	<i>Score for Female</i>	<i>Score for Male</i>
		3	0
Psychological Disease	√	<i>Score for Female</i>	<i>Score for Male</i>
Attention Deficit Disorder		2	2
Obsessive Compulsive Disorder		2	2
Bipolar Schizophrenia		2	2
Depression		1	1
Total		Low Risk 0-3	Moderate Risk 4-7
1		1	High Risk >=8

OCCUPATIONAL HISTORY

The patient was working for Biotelemetry, Inc. at the time of the injury.

He is not currently working.

The patient last worked on 02/15/19.

He had worked at Biotelemetry, Inc. for 8 months prior to injury.

He had worked for the following companies prior to this injury:

1. SF Ballet
2. Tulsa Ballet
3. Boston Ballet
4. Biotelemetry, Inc./Lifewatch

His job duties at the time of injury were processing and editing EKGs from cardiac devices, answering calls regarding same

He does have prior work injuries:

1. 1997 left ankle sprain, different employer, resolved
2. 1998, all toes, different employer, resolved
3. 2000, right big toe bone spur, different employer, resolved
4. 2001 right chronic Achilles tendinitis, different employer, settled

He does not have prior motor vehicle accidents.

He does not have prior non-motor vehicle accidents.

INITIAL EVALUATION

RE: Shockley, Jonathan

DATE OF SERVICE: 10/21/19

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MILITARY SERVICE

The patient has not served in the military.

MEDICATIONS

1. Aspirin
2. Advil

ALLERGIES

No known drug allergies

PHYSICAL EXAMINATION

The patient is a well-developed, well-nourished man who did not appear to be in any acute distress.

Height: 6' 0"

Weight: 165 LBS.

Spine: There was discomfort with lateral tilt of the cervical spine. Loading of the cervical facets were not tender.

Range of motion of the cervical spine:

Range of Motion of the Cervical spine	Normal/Reduced by %
Flexion	NL
Extension	NL
Lateral tilt to the Right	15%
Lateral tilt to the Left	25%
Rotation to the Right	NL
Rotation to the Left	NL

Musculoskeletal: There were no impingement signs in the shoulders. There was no lateral or medial epicondylar pain. Finkelstein's were negative bilaterally. Palpation of the volar aspect of the wrists were tender bilaterally.

Range of motion of the shoulder:

	Right (Normal/Reduced by %)	Left (Normal/Reduced by %)
Flexion	NL	NL
Extension	NL	NL
Abduction	NL	NL
Adduction	NL	NL
External rotation	NL	NL
Internal rotation	NL	NL

INITIAL EVALUATION

RE: Shockley, Jonathan

DATE OF SERVICE: 10/21/19

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Range of motion of the elbow:

	Right (Normal/Reduced by %)	Left (Normal/Reduced by %)
Flexion	NL	NL
Extension	NL	NL

Range of motion of the wrist:

	Right (Normal/Reduced by %)	Left (Normal/Reduced by %)
Flexion	NL	NL
Extension	NL	NL
Ulnar Deviation	NL	NL
Radial Deviation	NL	NL

Neurologic: The patient is alert and oriented x3. He walks with a normal gait.

Reflexes:

	Right	Left
Biceps	2/4	2/4
Triceps	2/4	2/4
Brachioradialis	2/4	2/4

Sensory examination of the upper extremities:

Upper Extremity Sensory Examination	Right	Left
C4	NL	NL
C5	NL	NL
C6	NL	NL
C7	NL	NL
C8	NL	NL
T1	NL	NL
T2	NL	NL

- ☐ D- Diminished to a pinprick
☐ NL- Normal

Motor examination of the shoulders:

Motor examination of the shoulders	Right	Left
Flexion	NL	NL
Abduction	NL	NL
Adduction	NL	NL
Internal Rotation	NL	NL
External Rotation	NL	NL
Extension	NL	NL

INITIAL EVALUATION

RE: Shockley, Jonathan

DATE OF SERVICE: 10/21/19

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Motor examination of the elbows:

Motor examination of the elbows	Right	Left
Flexion	NL	NL
Extension	NL	NL

Grip: Grip strength was normal and symmetrical.

SPECIAL TESTING

I have conducted a urine tox screen, which was negative for any illicit drugs or any prescribed scheduled drugs. I am not planning to prescribe him any controlled substances and further confirmation of this test is not indicated.

DIAGNOSIS

1. Cumulative trauma injury to both upper extremities.

DISCUSSION

This gentleman has had cumulative trauma injury to both upper extremities. The pain initially started in the right wrist. The pain gradually started traveling up the arm up to the level of the shoulder. The left hand became painful around the same area/wrist. This was as a compensation for the right. The pain on the left also radiates up to the shoulder.

Upon examination, he had normal range of motion in all the joints of his upper extremities. There was no evidence of a neurological deficit. I believe this gentleman does have cumulative trauma injury, which is brought on by activity. He has not worked now for a while and his symptoms are better during the examination.

I recommend 12 sessions of acupuncture and 12 sessions of soft tissue mobilization/massage therapy.

If he does not respond to conservative measures, an evaluation at a CARF-certified functional restoration program would be indicated.

I will see him back in 4 weeks in follow up.

Work Restrictions:

Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

WORK STATUS

The patient is not permanent and stationary.

INITIAL EVALUATION

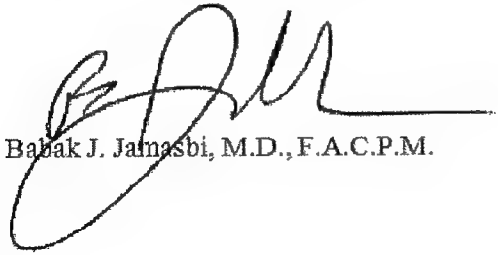
RE: Shockley, Jonathan

DATE OF SERVICE: 10/21/19

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"I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to be the best of my knowledge and beliefs, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true."

"I further declare that I have not violated labor code section 139.3 and have not offered, delivered, received, or accepted any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation."

A handwritten signature in black ink, appearing to read 'B. Jamasbi', with a large, stylized flourish at the end.

Babak J. Jamasbi, M.D., F.A.C.P.M.

CC:

Mario Castro, Claims Adjuster

Fax #: 800-664-1765

Zachary Kweiler, Attorney-At-Law

Fax #: 866-819-6169



Pain & Rehabilitative CONSULTANTS MEDICAL GROUP

**Babak Jamasbi, MD | Brendan Morley, MD
Timothy Lo, MD | Arzhang Zereshti, MD | Neil Kamdar, MD | John Alchemy, MD**

1335 Stanford Avenue, Emeryville, CA 94608 | Phone: (510) 647-5101 | Fax: (510) 647-5105

Visit Note - SF (San Francisco) Appointment

Provider:

Supervising: Babak J. Jamasbi, M.D.

Performing: Jessica Aikin, PA-C

Encounter Date: Nov 22, 2019

Patient: Shockley, Jonathan (PT00023609)

Sex: Male

DOB: Sep 27, 1978 Age: 41 Year 1 Month 3 Week

**Address: 1000 Sutter St Room 123, San Francisco CA 94109 Pref. Phone(H):
415-312-4029**

Primary Dr.: Babak Jamasbi, M.D.

Referred By: Babak Jamasbi, M.D.

Injury Date: 02/15/2019

Employer: Biotelemetry, Inc

Case Insurance: Chubb Son of Federal Ins Company

Claim No.: 040519008736

VISIT TYPE:

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT:

Mr. Shockley came to our office today for a follow-up visit.

SUBJECTIVE COMPLAINTS:

Patient is here to follow up on pain in his bilateral hands.

He continues to report bilateral hand pain, right greater than left. Occasionally pain radiates up his arms towards his neck. Pain is worse with repetitive use of his upper extremities, excessive

typing or computer work. Pain is better with conservative treatment.

He reports having a pain flair with the use of massage therapy, this dramatically increased his pain.

He also has been going to acupuncture treatment. This does help with his pain.

With regard to medication, he does take Advil as needed for pain.

ROS:

Constitutional:

Patient denies chills, fever, night sweats, or severe fatigue.

Head:

Patient denies dizziness or headaches.

Eyes:

Patient denies wearing corrective lenses, blurry vision, or double vision.

Neck:

Patient complains of pain but denies lumps in his neck.

Respiratory:

Patient denies difficulty breathing, cough, coughing up blood, or wheezing.

Cardiovascular:

Patient denies difficulty breathing while lying flat, fainting, abnormal heartbeat, or chest pain.

Gastrointestinal:

Patient denies constipation, heartburn, nausea, abdominal pain, black tarry stools, or throwing up blood.

Genitourinary:

Patient denies urinary incontinence, blood in urine, difficulty urinating, or painful urination.

Skin:

Patient denies itching of skin, rash, or yellowing of skin.

Neurologic:

Patient denies balance problems, poor concentration, memory loss, numbness, seizures, tremors, or weakness.

Hematologic:

Patient denies excessive bleeding or blood clots.

Psychiatric:

Patient complains of anxiety but denies depression, hallucinations and suicidal thoughts.

I have reviewed the review of systems with the patient and it is accurate as listed.

OBJECTIVE FINDINGS:

Constitutional - General Appearance:

Patient is near ideal body weight and is well groomed.

Orientation:

Patient is alert and oriented x3.

Mood and Affect:

Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation.

Gait and Station:

No abnormalities observed.

Musculoskeletal - Strength:

RUE:

Arm Abduction 5/5

Forearm Flexion 5/5

Forearm Extension 5/5

Wrist Extension 5/5

Thumb Apposition 5/5

Digit Abduction 5/5.

LUE:

Arm Abduction 5/5

Forearm Flexion 5/5

Forearm Extension 5/5

Wrist Extension 5/5

Thumb Apposition 5/5

Digit Abduction 5/5.

Skin:

No rashes, lesions, café-au-lait spots, or ulcers observed on right upper extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on left upper extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on right lower extremity.

No rashes, lesions, café-au-lait spots, or ulcers observed on left lower extremity.

Current Medications:

1. Advil (OTC)

2. Aspirin Ec 81 Mg Tablet (OTC)

FORMAL REQUEST FOR AUTHORIZATION:

6 sessions of acupuncture 97813, 97814, 97026, 97124 Hand Bilateral Hands.

DIAGNOSIS:

Z79.899 Other long term (current) drug therapy

PRESCRIPTION:

1 Voltaren 1% Gel SIG: Apply to affected area daily QTY: 1.00.

TREATMENT PLAN:

Assessment:

during the course of his usual and customary work. The patient has worked as an EKG technician and his requires him to perform repetitive activity using his hand. He has to click frequently. He started developing pain in his right hand and switched to the left.

Plan:

- He will continue with acupuncture treatment, he has approximately 7 appointments remaining. Before acupuncture treatment his pain is a an 4-6/10, this will decrease down to approximately down to a 2-3/10, this allows him to use his hands more. We will request for 6 additional sessions so he can continue this.
- Ok to discontinue massage therapy, TENS dramatically increased his pain.
- If he does not respond to conservative measures, an evaluation at the Northern California functional restoration program would be indicated.
- Voltaren gel prescribed today.
- He is scheduled for QME on Jan 23, 2020.

Follow up in 4 weeks.

WORK STATUS:

WORK STATUS: The patient is not permanent and stationary.

Work restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 pounds

TIME SPENT:

"I declare under penalty and perjury that information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and beliefs, except as to information I have indicated that I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me, and except as noted herein, that I believe it to be true.

I further declare that I have not violated labor code section 139.3, and have not offered, delivered, received or accepted any rebate, refund, commission, references, patronage dividend of accounts or other consideration, whether in the form of money or otherwise, or compensation or inducement for any referred evaluation or examination."

Please consider the treatment plan as a formal request for preauthorization services described therein. In the event that the written denial, authorization or notice of delay is not received by our office within 7 business days with a description of the review by a qualified physician with training in pain management and/or physical medicine and rehabilitation expertise (as per the dictates of the California Code of Regulation 9792.6) we will assume de facto authorization.

If prior pre-authorization has been requested in an earlier report or therapeutic plan, please consider the date of the prior request as applicable for the purposes of the formal date of request.

*Dr. Morley and Dr. Janasbi hold a financial interest in Bay Surgery Center. The Northern California Functional Restoration Program is an integral part of Pain and Rehabilitative Consultants Medical Group.

CC:

Kweller, Esq., Zachary : 12/02/2019

Castro, Mario : 12/02/2019

UR, Chubb : 12/02/2019

This visit note has been electronically signed off by Jamasbi, Babak J., M.D. on 11/26/2019

UAN: Farber Oakland
ERN: 7912453
Ruben Amezcuita
(510) 444 – 2512 x 130
Ruben.amezcuita@farberandco.com

PROOF OF SERVICE BY MAIL

I, the undersigned, am employed in the County of Alameda; I am over 18 years of age, and I am not a party to the within action; my business address is: Farber & Company Attorneys, P.C., 333 Hegenberger Road Suite 504, Oakland, CA. On December 10, 2019 I served the within:

AA PQME COVER LETTER TO DEFENSE,

on the parties listed below in said action by placing a true and correct copy thereof in a sealed envelope with the required postage therein, fully prepaid, for collection and mailing on the date and at the place shown below following ordinary business practices. I am readily familiar with this business' practice for collecting and processing correspondence for mailing. On the same day that this correspondence was placed for collection and mailing, it was deposited in the ordinary course of business in a sealed envelope with postage fully prepaid and deposited in the United States mail at Oakland, CA, addressed as follows:

Mr. James J. Goines
Colantoni Collins San Francisco
201 Spear St Ste 1100
San Francisco, CA 94105

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on December 10, 2019 at Oakland, CA.



Maria Gaytan